Mental Health Rights of Employees in the Indian Workplace: A Critical Legal Study

A

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BY

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2026

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Table of Contents

CANDIDATE'S DECLARATION i
CERTIFICATE ii
CERTIFICATE OF PLAGIARISM REPORT iii
ABSTRACT iv
1. INTRODUCTION 1
2. STATEMENT OF PROBLEM 7
3. LITERATURE REVIEW 8
4. RESEARCH GAP 16
5. RESEARCH QUESTIONS 18
6. RESEARCH OBJECTIVE 19
7. HYPOTHESIS 19
8. RESEARCH METHODOLOGY 19
9. SCOPE OF THE STUDY 20
10. TENTATIVE CHAPTERISATION 21
11. POTENTIAL OUTCOME 21
ANNEXURE-A 22
ANNEXURE- B 23
BIBLIOGRAPHY 33

ABSTRACT

As we know that mental health has progressively been acknowledged as an essential part of a person's overall well-being, yet it remains prominently vague from India's workplace and largely unprotected. Article 21 of the Indian constitution, as interpreted by the Supreme Court of India in *Sukhdev Saha vs. State of Andhra Pradesh (2025 INSC 893)*, explicitly recognizes the right to mental health as integral to the right to life with dignity. Although this constitutional recognition does not translate into explicit rights of employees and statutory duties upon employers to prevent, address the psychological harm (stress, anxiety, burnout due to excessive workload pressure and long working hours) in the workplace. Statutory developments such as The Mental Healthcare Act 2017, the Rights of Persons with Disabilities 2016Act are collectively fail to set any explicit and enforceable duty on employers to protect the employees against workplace harassment, workload, chronic stress and hostile organizational environments. Indian labor laws such as and the Occupational Safety, Health and Working Conditions Code, 2020, the Factories Act 1948 are predominantly concentrated on physical safety, leaving psychological risks arises from the workplace remains largely unregulated. As a result, employees often suffer from mental distress without adequate legal safeguards, and many hesitate to report or disclose their mental harm due to stigma, fear of judgment, and concerns about workplace consequences.

This study undertakes a right based critical legal analysis of the mental health rights of employees in the Indian workplace. It employs a mixed doctrinal and empirical methodology. The doctrinal research design involves the analysis of legal provisions, judicial decisions and international standards. Complementing this the empirical study involves the examination of workplace conditions, organizational culture and legal awareness of employees which is field based data collection. The study also seeks to a comparative legal analysis of other countries laws such as United Kingdom, Australia and which help to identify regulatory models and best practices relevant to India.

Despite having constitutional right and rising public concern, today Indian employees have explicit legal remedy against the psychological injuries caused by the workplace conditions. This study is an attempt to fill that gap by examining or analyzing what the law presently offers, employees experiences and what a better legal framework good look like drawing from other count laws that have done this better. The aim is not only identify what

is absent but also provide coherent, enforceable recommendations that can make the right to mental health at work a recognition for Indian employees.

Keywords: *Mental health rights, workplace stress, Indian labor laws, employer duty.*

1. INTRODUCTION

"*The Challenges of work-life balance is without question one of the most significant struggles faced by a modern man"*

- Stephen Covey

The idea of health has always been understood in a holistic sense, covering not just physical fitness but also mental and social well-being. The World Health Organization, in its Constitution of 1946, makes this clear by defining health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*."[1] This definition reinforces that genuine well-being depends on mental and social stability as much as on physical health. Yet, despite this inclusive vision, real-world practice continues to place greater weight on physical health. Physical illnesses are more readily recognized, treated, and accommodated, while mental health challenges often remain overlooked, misunderstood, and burdened with stigma particularly within workplace environments.

The WHO further defines mental health as, "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community".[2] It is just not merely the absence of mental disorders but an essential determinant of overall health. Individuals having positive mental well-being are more able to manage relationships, perform efficiently, and deal with the societal and workplace challenges[3]. In contrast, poor mental health results in anxiety, burnout, depression, reduces productivity, high absenteeism, and, in extreme conditions, even suicide[4]. Mental Health is an indispensable component of a person's overall well-being and relates to our emotional, psychological, and social well-being because it influences how we think and function in our daily lives. It is as crucial as our physical health.

Mental health has become a widely recognized key component of economic growth, social well-being and personal quality of life. According to WHO's World Mental Health Report (2022), shows that close to one billion individuals, roughly, one in eight people globally, were affected by mental illness in 2019. At the same time, modern workplaces themselves have become significant settings of psychological strain: factors such as high workloads, extended

[1] https://www.who.int/about/governance/constitution
[2] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[3] https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work
[4] Oliveira de Claire, Saka Makelia, Bone Lauren and Jacobs Rowena "The Role of Mental Health on workplace productivity", *Applied health economics and health policy* (2022).

hours, performance pressures, social stigma, evolving work culture and inadequate psychosocial support are all playing a role[5]. Global health and labor bodies increasingly recognize mental well-being as a fundamental human right and a cornerstone of sustainable economic development. Joint reports by the World Health Organization (WHO) and the International Labor Organization (ILO) highlight that poor working environments which is characterized by excessive workloads, long hours, and job insecurity are major "psychosocial risks" that cost the global economy nearly US$ 1 trillion annually in lost productivity.[6] India faces an acute crisis with just 1 psychiatrist per 100,000 people (WHO mental health report, 2022) far below the global benchmark leaving millions of workers without access to mental health support amid skyrocketing workplace stress. Together, these findings underscore that mental well-being is not simply a personal or health-sector issue but a critical dimension of occupational safety, social equity and economic sustainability. Work-related stress, anxiety, and depression have become leading causes of occupational ill-health, impairing both individual well-being and organizational performance. Mental health disorders also significantly increase the risk of suicide, which remains a major public health challenge over 727,000 deaths by suicide were recorded globally in 2021 alone.[7]

Recent data from the WHO's "Mental Disorders" fact sheet further underscores the growing prevalence of these issues, reporting that in 2021, nearly one in every seven people around the world (roughly 1.1 billion) were living with a mental disorder, with anxiety and depressive disorders being the most prevalent.[8] These factsheets or data highlights the depth and need meaningful mental health interventions and legal rights, particularly for the workplace where high stress, long working hours, excessive workload hamper the person's mental well-being. Although, mental health and physical health are simultaneously complementing each other[9]. It creates an individuality personality, courage, and potential to live a purposeful life.

The right to health an integral part of the right to life under Article 21 of the Indian constitution which is interpreted by the Supreme court in the landmark cases such as *Maneka Gandhi v. Union of India* 1978[10] and *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* 1996[11] Besides, Article 14 of the Indian constitution also guarantees equality before the law. Lately,

[5] https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report
[6] https://www.ilo.org/resource/news/who-and-ilo-call-new-measures-tackle-mental-health-issues-work
[7]https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up
[8] https://www.who.int/news-room/fact-sheets/detail/mental-disorders
[9] MD David, "Mental health and social health are inseparable from physical health", *The journal of bone and joint surgery,* (2021).
[10] AIR 1978 SC 597
[11] AIR 1996 SC 2426

in *Sukdeb Saha v. State of Andhra Pradesh*, the Supreme Court of India has recently made a landmark decision which helps the individual to recognize the right to mental health as part of the right to health in Article 21 of the constitution of India. The Supreme Court of India has clearly provide the interpretation that one should not consider the right to life to the physical health but it also be considered as emotional and psychological safety and therefore, in this way this decision and the revised interpretation turns the concept of mental health from one of general welfare to one of rights enshrined in the Indian Constitution. Further, along with this decision towards interpretation of mental health, there have also been several laws sanctioned in support of this recognition. For example, section 18 of the Mental Health Care Act 2017, grants everyone the right to exercise the mental health care and related services, section 29 helps the individual to ensures the right to live with dignity, and gives the right to promote mental health and prevent mental illnesses in the country. However, upon carefully reviewing the acts, it has been observed that these rights are generally talking about in relation to health care access and treatment (Rights of Patient's perspective). Similarly, the Rights of Persons with Disabilities Act 2016 allows employers to offer a reasonable accommodation for employees with mental issues (focusing only on "DISABILITY" due to mental illness) and to ensure a non-discriminatory environment. The Occupational Safety, Health and Working Conditions Code, 2020 (consolidates earlier labor laws), enacted guidelines for health and safety at work, but it majorly acknowledges physical safety and pays less attention to the mental well-being of employees or workers. Other legislation, such as the Factories Act, 1948 (now subsumed under the OSHW Code), Industrial Disputes Act, 1947, and Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, contain provisions that indirectly touch upon mental welfare through ensuring fair treatment, addressing harassment, and maintaining humane conditions but none create explicit, enforceable obligations for employers to safeguard mental health of employees' in the workplace. The POSH Act makes it clear from the beginning that sexual harassment violates a woman's basic rights her right to equality, dignity, and to work without fear. When the Act talks about ensuring a "safe environment," it is not limited to physical safety. A workplace can only be truly safe when a woman does not have to deal with stress, fear, humiliation, or emotional pressure. So even though the Act does not expressly use the term "mental health," its idea of a safe and dignified workplace naturally includes a woman's right to mental and emotional well-being.[12]

On the other hand, many countries have incorporated mental well-being explicitly into their

[12] POSH Act,2013, Preamble

occupational health and safety frameworks. For instance, the United Kingdom's Health and Safety at Work Act, 1974[13] (Section 2: employers have a legal duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of their employees' at work), and the Management of Health and Safety at Work Regulations, 1999 (Reg.3: psych risk assessments)[14], The 6 HSE (health and safety executive) Management standards states employers have a legal duty to do a stress risk assessment and act on it which make sure that employers are bound to prevent psychological harm of employees' in the workplace. Australia follows a preventive approach to workplace mental health within its work health and safety framework. The Work Health and Safety Act, 2011 (NSW) recognises psychological health as part of an employer's duty of care under section 19, and this responsibility is practically implemented through the NSW Code of Practice on Managing Psychosocial Hazards at Work, which guides employers in addressing risks such as stress, burnout, bullying, and harassment.[15] Japan regulates mental health at the workplace through a composite legal framework rather than a single statute. The Industrial Accident Compensation Insurance Act 1947[16] recognizes the various work-related mental distresses and mental disorders affected by large amount of the workload imposed on the individuals. These occupational psychological injuries are haven been rewarded/reimbursed through medical care, wage replacement, and survivor benefits as well. The legally mandated Stress Check System enacted in December 2015 under the amended Industrial Safety and Health Act 1972[17] is a workplace assessment program for employee's mental well-being. Under article 19 of the Labor Standard Act 1947, grants dismissal protection in cases of work-related stress or burnout.[18] Further, the Karoshi Prevention Act 2014 talks about the suicides and deaths resulting from excessive workloads. Using such legal standards for proof, compensation, and employer liability, the laws create a framework based on causation that connects mental injuries to work environments.

In the international framework, different conventions and guidelines acknowledge the right to mental health to be part of the right to health and decent work. Under article 25 of the Universal

[13] https://www.legislation.gov.uk/ukpga/1974/37/section/2

[14]https://www.legislation.gov.uk/uksi/1999/3242/regulation/3#:~:text=Risk%20assessment,is%20no%20longer%20valid;%20or

[15] https://www.safework.nsw.gov.au/resource-library/mental-health/psychological-health-and-safety-strategy-2024-2026

[16]Industrial Accident Compensation Insurance Act, see also Ministry of Health, Labour and Welfare (MHLW), Guidelines for the Recognition of Mental Disorders as Industrial Accidents, recognising work-related mental disorders as occupational diseases.

[17] Industrial Safety and Health Act, Art. 66-10, mandating the Stress Check System for prevention and early detection of mental health problems at work

[18] Labor standard act Art 19 https://www.japaneselawtranslation.go.jp/en/laws/view/3567/en#je_ch2at8

Declaration of Human Rights 1948, guarantees the right to an adequate standard of living for health and well-being, and that also encompasses mental health. Similarly, Article 12 of the International Covenant on Economic, Social and Cultural Rights 1966, offers The right to enjoy the highest attainable standard of physical and mental health. Article 27 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) reinforces these principles by emphasizing the inclusion and protection of persons with psychosocial disabilities. The World Health Organization (WHO) and the International Labor Organization (ILO) have repeatedly underscored that the right to a safe and healthy workplace necessarily encompasses mental well-being. The ILO Convention No. 155 (Occupational Safety and Health, 1981) and Convention No. 161 (Occupational Health Services, 1985) recognize the protection of mental health as part of workplace safety standards. Additionally, the ILO Violence and Harassment Convention, 2019 (No. 190) identifies psychological harm as an element of unsafe work conditions. The WHO Guidelines on Mental Health at Work (2022) also recommend the integration of preventive, promotional, and remedial measures for employees' mental well-being within organizational policies.

Workplaces are not only sites of economic activity but also spaces where individuals spend a large proportion of their active lives, and consequently, where mental health concerns may manifest or be exacerbated. Factors such as workload, job insecurity, long working hours, lack of autonomy, workplace harassment, and poor organizational culture contribute significantly to psychological harm[19]. Recent tragic workplace suicides, like that of 26-year-old Anna Sebastian Perayil at Ernst & Young (EY) Pune in July 2024[20] after just four months of crushing workload which sparked a Labor Ministry probe into the firm's toxic culture have reignited urgent calls for employers to ensure psychologically safe environments. In another instance, Harish Singh Mahar a 43 old, (60% handicapped) court almhad at Saket District Court New Delhi, died by suicide on 9th January 2026, citing unbearable 'office work pressure' and 4,000-file burden, amid judicial staff shortages.[21] These cases highlight the presence of psychological hazards that continue unregulated under Occupational Safety, Health and Working Conditions Code 2020, and pose a serious question about the completion of obligation under Article 21 of the Indian Constitution. As held by the Supreme court in the *Sukdeb Saha vs. State of Andhra Pradesh (AIR 2025 INSC 893),* mental health is an integral part of right to

[19] https://www.ilo.org/resource/psychosocial-risks-and-stress-work
[20] NDTV (Sep 18, 2024), "Centre Probes 26-Year-Old EY Employee's Death"; Times of India (Sep 22, 2024)
[21] Times of India (Jan 9, 2026), "'Very tough, unable to sleep': Saket Court Clerk Suicide"; India Today (Jan 8, 2026)

life with dignity under Article 21 of the Indian Constitution, which imposes institutional and employer-level duties to safeguard psychological health. These incidents indicate that despite growing awareness, the existing legal framework remains inadequate in addressing psychological hazards at the workplace.

While employers often focus on physical safety and compliance with occupational health standards, the psychological well-being of employees' is frequently ignored. Conditions such as stress, burnout, anxiety, and depression, work-pressure, trauma, and in severe cases, suicidal ideation or post-traumatic stress disorder (PTSD) are dismissed as personal weaknesses rather than acknowledged as legitimate workplace concerns. The International Labor Organization has long emphasized that occupational safety includes both physical and psychological protection (ILO, Occupational Safety and Health Convention, 1981; Workplace Stress: A Collective Challenge, 2016). More recently, WHO and ILO's joint policy brief on mental health at work (2022)[22] has urged governments and employers to adopt proactive measures such as mental health-sensitive policies, support systems, and anti-stigma initiatives.

Mental health has emerged as a critical public health, human rights, and developmental concern in India, with direct implications for workforce participation and economic productivity. The Ministry of Health and Family Welfare recognizes mental health as an essential component of emotional, psychological, and social well-being, shaping individuals' ability to manage stress, function effectively, and contribute to society. National data (National Mental Health Survey (NMHS) 2015-16) indicate a substantial prevalence of mental disorders, accompanied by a wide treatment gap arising from stigma, limited awareness, and inadequate access to services In response, India's mental health framework has evolved through a series of policy and legal interventions, beginning with the National Mental Health Program, 1982, which sought to integrate mental healthcare into general health services, followed by the National Mental Health Policy, 2014, which acknowledged mental health as a rights-based and developmental issue, including the impact of work-related stress and changing socio-economic conditions. This policy direction was reinforced by the National Health Policy, 2017, which prioritized mental health within primary healthcare systems. More recently, the Economic Survey 2024–25[23] has explicitly linked mental well-being to economic growth, cautioning that rising stress, burnout, and hostile work cultures may undermine productivity and weaken the country's demographic dividend, and recommending a move away from excessively long work hours

[22] https://www.ilo.org/resource/news/who-and-ilo-call-new-measures-tackle-mental-health-issues-work-
[23] Advancing Mental Healthcare in India (Ministry of Health and Family Welfare, PIB, 07 Feb 2025)

and unhealthy workplace environments. Alongside these policy concerns, service delivery has expanded through the District Mental Health Program, integration of mental health services under Ayushman Bharat Health and Wellness Centers, and the National Tele Mental Health Program (Tele MANAS), launched in 2022 to provide round-the-clock, multilingual counselling and referral services.

A landmark WHO/ILO (Pega et al., 2021) study established that working 55 hours or more per week comprises a severe health hazard, leading to a 35% higher risk of stroke and a 17% higher risk of heart disease[24]. In the Indian context, the Economic Survey 2024-25 [25]officially flagged rising mental health concerns as a potential brake on economic growth, explicitly recommending that workplaces move away from hostile cultures and 60-plus-hour workweeks to prevent burnout among the nation's youth. Ignoring mental health in the workplace not only denies employees' their dignity and rights but also undermines productivity and organizational growth. In this sense, mental health is not merely an individual concern it is a collective responsibility, one that must be addressed through law, policy, and social change.

This study is closely aligned with the United Nations Sustainable Development Goals, particularly SDG 3 on good health and well-being, SDG 8 on decent work and economic growth, and SDG 5 on gender equality and SDG 10 Reduced Inequalities.

2. STATEMENT OF PROBLEM

Although mental health is now widely recognized as part of an individual's right to health and dignity under Article 21, Indian workplace regulation still places psychological well-being far behind physical safety. The existing literature makes it clear that labor laws, the new labor codes, and even the Mental Healthcare Act, 2017 stop short of placing any firm or enforceable responsibility on employers to address stress, burnout, harassment, or other forms of psychological harm arising from work. What we see instead is a patchwork of scattered provisions that do not speak directly to mental health problems in everyday workplace situations. There is no specific statutory guarantee of mental well-being for employees, & no proper framework for recognizing, preventing and compensating psychological injury

[24] Frank Pega et al., *Global, regional, and national burdens of ischemic heart disease and stroke attributable to exposure to exposure to long working hours for 194 countries, 2000–2016*, Environment International, Vol. 154 (2021), 106595, World Health Organization & International Labor Organization

[25] Ministry of Finance, Government of India, *Economic Survey 2024–25: Mental Health of Youth Will Drive Future Economy*, Press Information Bureau, New Delhi, 31 January 2025

emerging from workplace conditions. Many studies point out that the real barrier to protecting mental health at work is not just the absence of laws but the everyday stigma and silence surrounding the issue. The study also shows that many workers, especially women and people with hidden mental health conditions, avoid speaking up because they fear judgment, stigma, or losing opportunities at work. While comparing the context with various international standards, where employer duties and employees' protections are definitely well defined, the legal framework of the country still appears fragmented and poor. The study observed fundamental issue in the concept and discuss the absence of legal protection for the psychological health rights of workers in the Indian work environment even though the trend of mental problems at work is on the rise.

3. LITERATURE REVIEW

A two- phase literature review methodology is utilized to examine the relation between mental health, work environment, employee rights, and legal perspectives. By using this approach, the researcher ensures that there is not only an absolute but also an in-depth review of the relevant studies or literature is taken into consideration.

In phase I, the bibliometric analysis was used with the help of biblioshiny() package of the R software for extraction of the literature from the Scopus database and find trend observed in context of the study. The aim of phase I was to establish what literature already existed on the topic and to examine general research trends within the field. The data search was conducted using the a combination of various keywords found suitable and recant for the study and they together with the Boolean operators, the search syntax was used as follows: "*Mental health" AND "Law" OR "Rule" OR "Regulation" AND "workplace"*. To ensure the major understanding, the primary database used was Scopus, supplemented by other sources such as Hein Online etc.

The database selected for the study provide a vast and reliable collection of academic publications, guaranteeing that the literature used in this research is credible and scientifically relevant. Through these sources, the researcher is able to find out existing gaps from the literature, polish the research direction, and set the study within the broader academic discourse. This organized review process boosts the reliability of the study and aid the progress of well- versed and data driven conclusions. The literature was manually scrutinized based on the title's relevance and availability of the full documents for the final selections of articles or

papers. For further analysis, the studies that only clearly concentrated on mental, workplace, employees and, laws were included.

Inclusion and exclusion criteria

In phase I, a no. of filters from the Scopus database were used to refine the studies. To find the data, the search syntax was used *("Mental health" AND "Law" OR "Rule" OR "Regulation" AND "workplace").* n=527 results were identified initially from Scopus and 47 articles from other sources, of which a total n=554 were refined after removing duplicate records. Further n=450 were refined by using the timeline filter from 2010 to 2025 (last 15-year studies). This is because a 15year period has been discussed in literary works to accurately capture the "contemporary evolution" of a topic thus, this timeframe has been considered (Kraus, et al., 2022). This timeframe follows established guidelines for maintaining a focused but comprehensive scope (Pautasso, 2013).

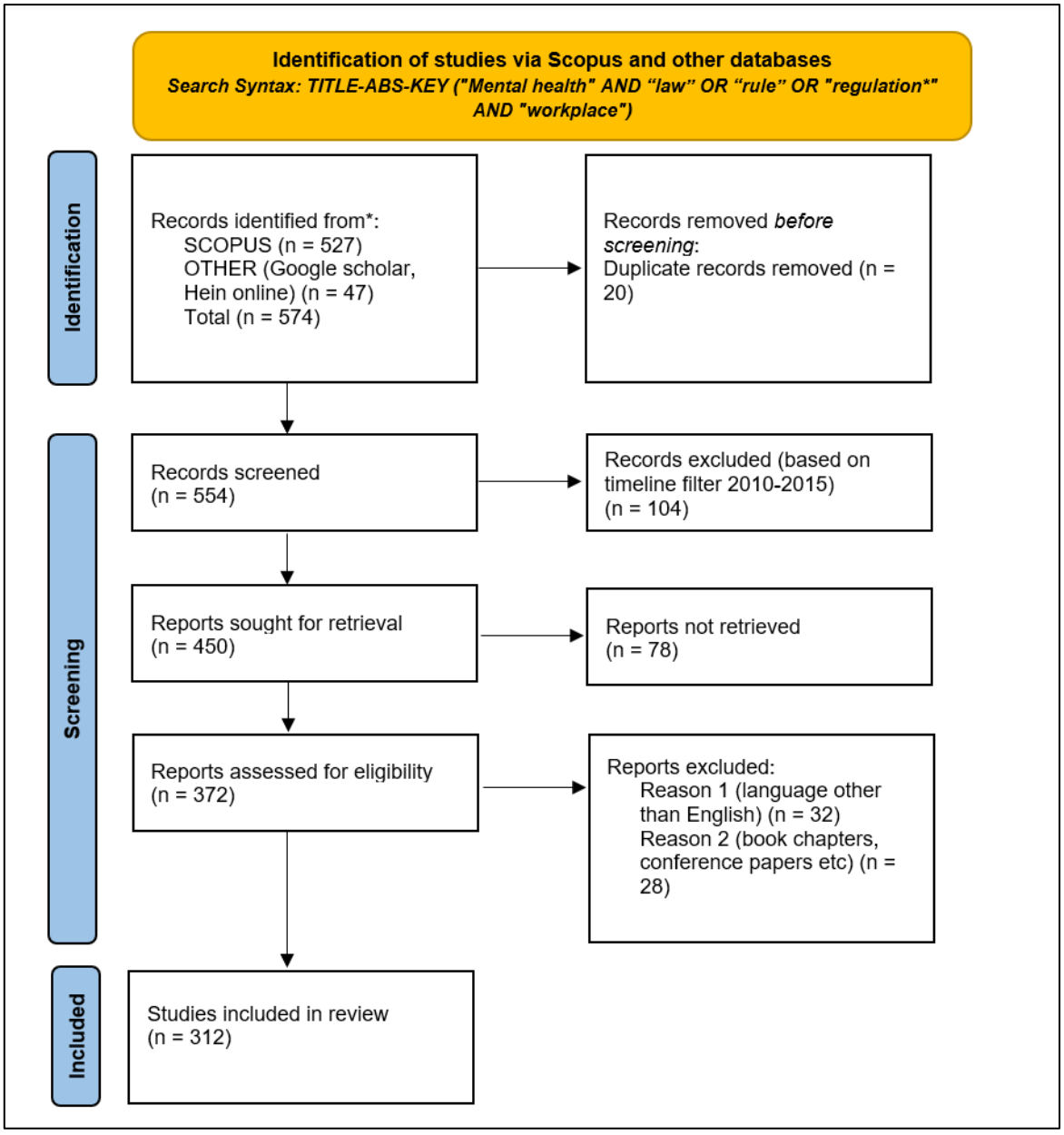
Identification of studies via Scopus and other databases
Search Syntax: TITLE-ABS-KEY ("Mental health" AND "law" OR "rule" OR "regulation*" AND "workplace")
Identification
Records identified from*:
SCOPUS (n = 527)
OTHER (Google scholar, Hein online) (n = 47)
Total (n = 574)
Records removed before screening:
Duplicate records removed (n = 20)
Screening
Records screened
(n = 554)
Records excluded (based on timeline filter 2010-2015)
(n = 104)
Reports sought for retrieval
(n = 450)
Reports not retrieved
(n = 78)
Reports assessed for eligibility
(n = 372)
Reports excluded:
Reason 1 (language other than English) (n = 32)
Reason 2 (book chapters, conference papers etc) (n = 28)
Included
Studies included in review
(n = 312)

Fig:1 PRISMA Flowchart for Literature Review

Phase I: Bibliometric Analysis

A total of n=450 reports were sought for retrieval of which n=78 reports were not retrieved as they were not open access. A total of n=372 reports were finally assessed for eligibility. From these n=32 reports were excluded based on language criteria. only English language articles have been selected. Next, n=28 reports were further excluded based on conference papers, book chapters and other document types. This review only includes journal articles. Thus, a total of n=312 studies were included for the final review of literature. From these records 292 articles which were Scopus indexed have been used for the bibliometric analysis through biblioshiny while the remaining 20 articles which were from other sources along with a few older and more

contemporary studies which covered important themes have been studied in the phase 2 as a thematic literature study.

The main information of the literature is shown in figure 2, which shows that, in total, 15 years of time span, total 292 documents published across 198 different sources. On mental health at workplace this field is growing at healthy rate of 9.34% annually, which clearly shows that the researcher is more interested and publishing around such topic and it is noteworthy that 1066 authors contributed to these papers, but only 47 published as a single author work which suggests that collaboration is common in the field. The international co authorship rate is quite low, which is 16.1 %, which means that most of the resource terms are domestic rather than the cross-border collaboration. Each document average is 3.85 Coauthors and receive about 13.13 citation on average, which clearly indicates that it is creating a moderate impact. The relativity among the young document age of 4.85 years indicates there is an active evolving research area with recent publication dominating the data set.

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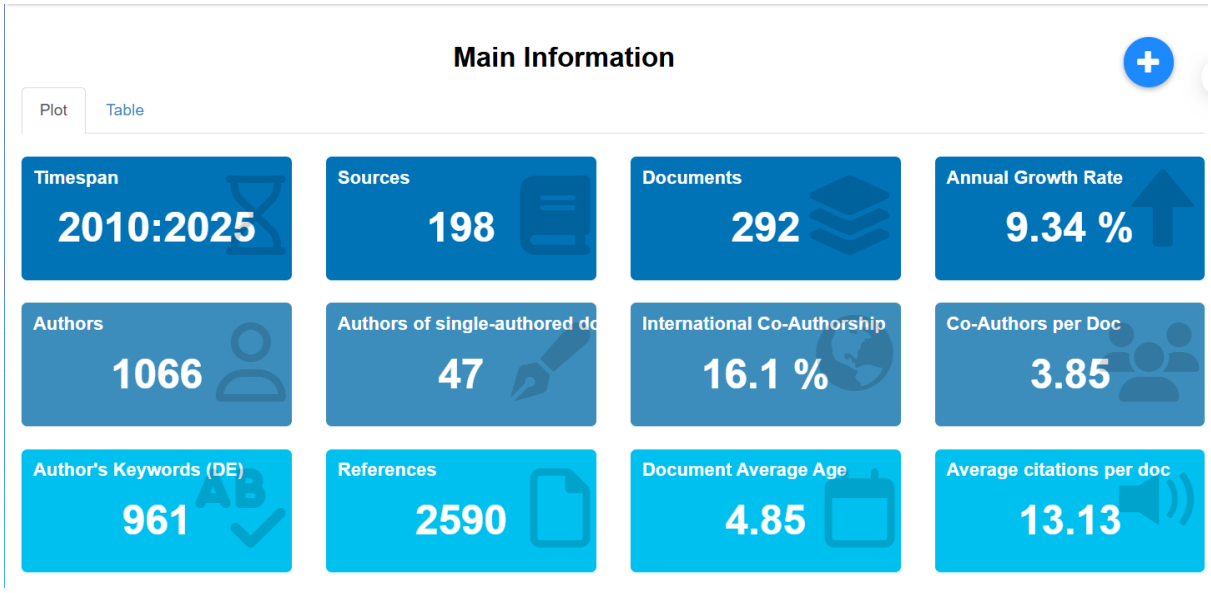

Fig: 2 Main Information

The annual scientific production graph is shown in figure 3. which includes the growth pattern over the years 2010 to 2015. Publication remains relatively stable at around seven to eight articles per year with the minimum growth. There is a notable spike in 2015 reaching out about in 16 articles, followed by some fluctuations. However, a real and significant increase in research outputs began around 2020 which aligns with the Covid 19 pandemic period, from 2020 onwards, there is a dramatic upward trend. The publication jumping from about 10 articles to 40 articles by 2023 to 2024.

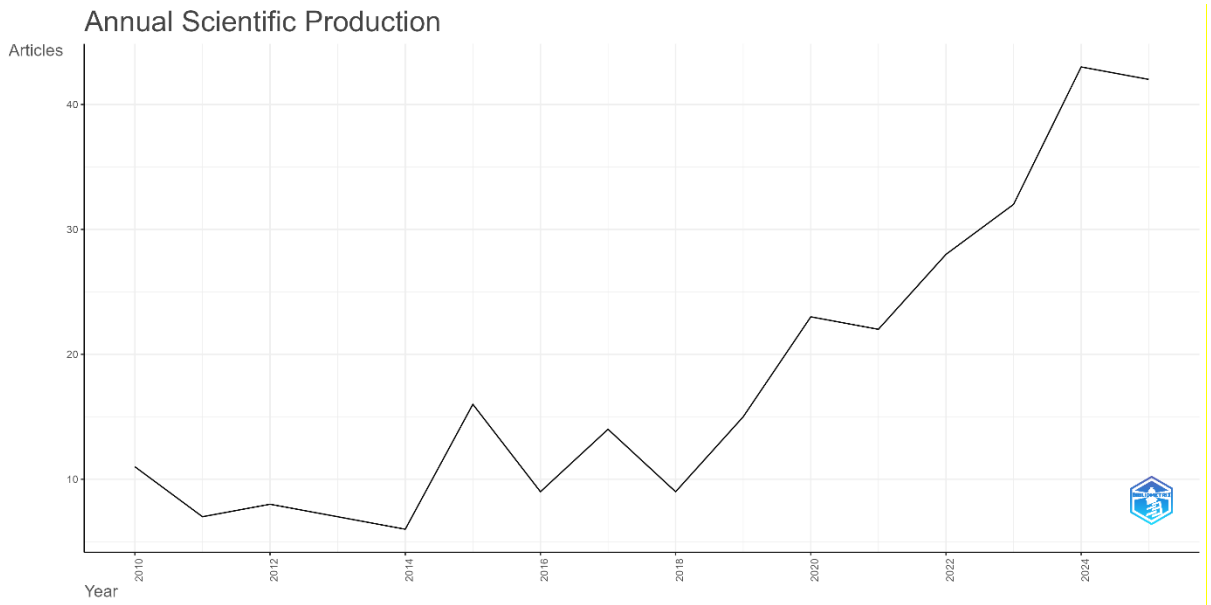

Fig: 3 Annual Scientific Production

The citation analysis highlighted that some papers are highly influential paper in the field see figure 4. The most cited document is Kirkbride's 2024 paper in World Psychiatry with an exceptional 533 citations. The second most cited is Goldberg's 2011 paper in Journal of Counselling Psychology with about 234 citations.

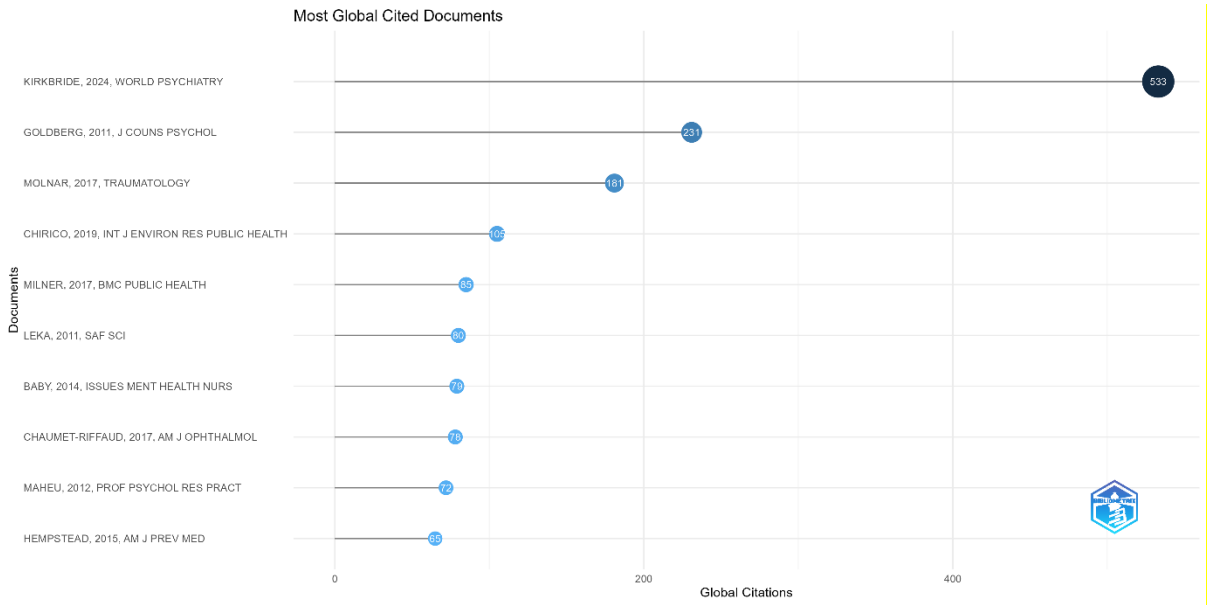

Fig: 4 Most Relevant Document

The trend topics visualization reveals the research themes have evolved over time see figure 5. Early research (2010-2014) found more focused on general topics like health policy, psychological aspects, and social environment. Whereas between 2014-2016, topics like stress disorders, risk factors, and bullying emerged. Mid-period of (2016-2020) increased focus on mental health, psychology, workplace issues, and occupational health with larger bubble sizes indicating higher frequency.

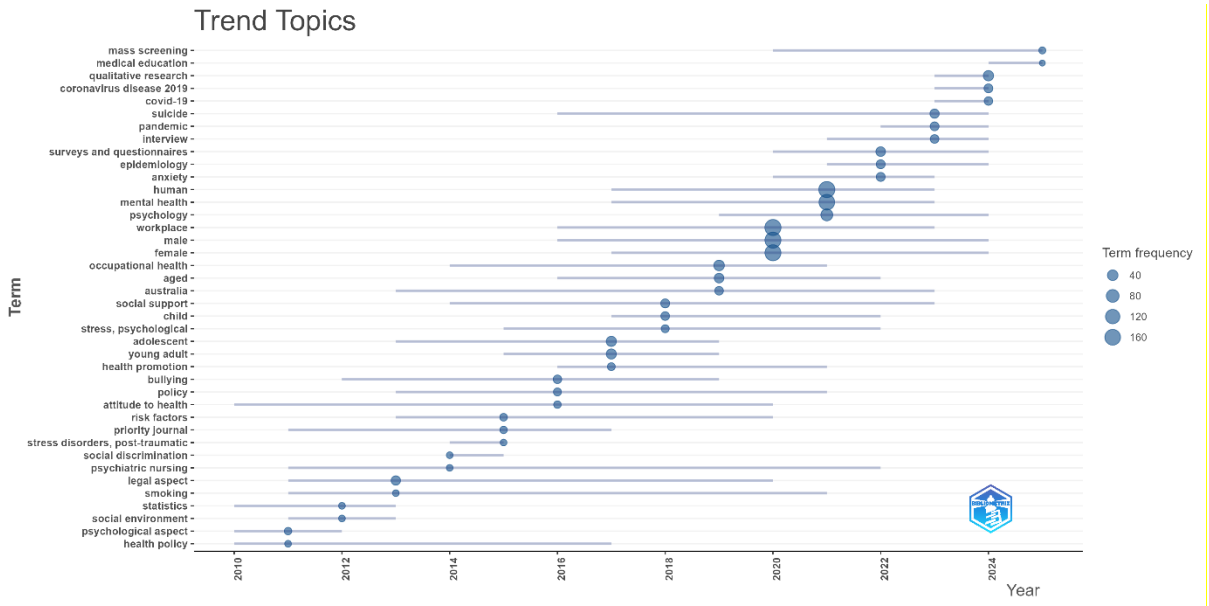

Fig 5: Trending topic

In phase II, a detailed qualitative review was taken to identify the most relevant studies, leading to a comprehensive literature review (See Table 1).

Phase II Thematic review of literature

1. Legal Framework and Shortcomings in the Protection of Workers' Mental Health Rights

The lack of effective legal frameworks that ensure workers' mental health rights constitutes one of the most recurrent themes in the reviewed literature. A number of studies on Indian workplaces have shown that India's labor law system continues to focus primarily on physical health and safety while being negligent of psychological well-being issues (Yadav, 2021; Gowda, 2021; Khan, 2021; Garg, 2025; Kulkarni, A., 2025). Despite its progressive nature, the Mental Healthcare Act, 2017 was criticized for establishing patients' rights but failing to place any binding responsibilities on employers (Chatterjee, 2023; Yadav, M., 2025). The Rights of Persons with Disabilities Act, 2016 has an even narrower application range, covering only disability-classified problems and neglecting mild disorders like burnout or anxiety (Garg, 2025). The Occupational Safety, Health and Working Conditions Code, 2020 integrates previous legislation but pays little attention to psychosocial factors (Kulkarni, A., 2025; Prabahar, 2024).

It is also worth noting that such legislative gaps exist not only in India. Research conducted in the United Kingdom finds that even though the Health and Safety at Work Act 1974 sets forth general responsibilities, their enforcement in cases of psychological harm is often inconsistent (Almond et al., 2022; Bell, 2015, 2016). Comparative studies conducted in other countries show different levels of legislative commitment to the issue under analysis, with Australia and Japan appearing to have more developed approaches in place (Potter et al., 2024, 2025; Mishiba, 2022; Lai et al., 2023). In particular, Japan's legislatively prescribed Stress Check System and Work Health and Safety Regulations 2023 of Australia are identified as best practices (Potter et al., 2025; Kohara & Noda, 2023). Finally, on an international level, the efforts undertaken by ILO and WHO may be considered relevant examples, including Convention No. 155 and the Joint Policy Brief on Mental Health at Work (2022) (Chirico et al., 2019; Leka et al., 2011; Parker & Narayanan, 2023).

2. Occupational Stressors, Psychosocial Hazards, and Mental Health Outcomes

There is ample evidence regarding the connection between workplace conditions and the resulting psychological outcomes in the 145 reviewed papers. The high workload, insecurity at the place of work, long working hours, low levels of autonomy, and weak organizational culture are listed among major psychosocial factors which contribute to various forms of adverse mental states such as stress, anxiety, depression, and even burnout (Rugulies et al., 2023; Torres et al., 2023; Maulik, 2017; Pangarkar et al., 2023; Sarkar et al., 2024). According to one major international study, the weekly working time of 55 hours or more greatly increases chances of developing a cardiovascular disorder (Kirkbride et al., 2024). There is some literature on mental well-being of particular occupational groups such as healthcare workers (Liu et al., 2023; Aspide et al., 2025; Hemade et al., 2025), police officers (Kamaruddin et al., 2025; Deng et al., 2025), lawyers (Stack & Bowman, 2023; Chlap & Brown, 2022; Poynton et al., 2018), nurses (Agarwal et al., 2025), construction workers (Dickson, 2023), school principals (Marsh et al., 2023), and IT professionals (Madhusudhanan & Thomas, 2021; Kamila et al., 2024) reveal sector-specific vulnerabilities.

Harassment and bullying at work, which include sexual harassment, further prove to contribute to mental health problems (Rospenda et al., 2023; Tang et al., 2024; Ho, 2024; Hori & Komorida, 2025; Aristidou et al., 2020). The COVID-19 pandemic further aggravated already existing psychological hazards, as seen from many studies that report pandemic-related stress,

grief, and burnout of workers from various fields (Haddad et al., 2025; Witkowski et al., 2024; Woodgate et al., 2024; Mittal et al., 2022; Duran & Woodhams, 2022). Vulnerable employment status and informal employment relationships also prove to correlate with higher psychological distress levels (Lundstrom et al., 2024; Schuring et al., 2024)

3. Stigma, Disclosure, and Barriers to Help-Seeking

A considerable number of studies have highlighted the existing barriers that make employees reluctant to report their mental illnesses and seek help within the organizational setting. Stigma, fear of negative implications for one's career path, and organizational lack of support are identified by researchers as the main hindrances irrespective of the culture (Kulkarni, M., 2021; Poddar & Chhajer, 2024; Saxena, 2024; Shahwan et al., 2022; Follmer et al., 2024). Lack of guarantees regarding confidential information and poor grievance procedures contribute to employees' reluctance to disclose mental health issues, especially on the part of females and marginalized individuals (Parella et al., 2024; Spitzer et al., 2023; Tebbe et al., 2019). Research devoted to requests for mental health accommodations reveals the conflict between employees' desire to be visible and vulnerable (Follmer et al., 2024; Cureton et al., 2022; Katterl, 2022; Center, 2011). From the perspective of India, the non-disclosure of hidden mental health illnesses results in decreased work involvement and loss of authenticity because of socio-cultural stigma combined with insufficient legal measures (Poddar & Chhajer, 2024; Kulkarni, M., 2021). The literature offers employer-sponsored awareness campaigns, psychological safety, and mental health literacy programmes as solutions (Ong et al., 2022; Pandya et al., 2022; Fleming et al., 2024; Martin et al., 2018).

4. Employer Obligations, Interventions, and Organizational Responses

The fourth theme relates to the employer's responsibility and efficacy of workplace mental health interventions. Research through comparative legal analysis indicates that laws which have defined the obligations of the employers lead to better psychosocial safety climates at workplaces as evident from studies involving the UK's HSE Management Standards, Australia's Code of Practice Managing Psychosocial Hazards, and the Japanese Stress Check System (Potter et al., 2024, 2025; Mishiba, 2022; Sivris & Leka, 2015). Effective interventions for managing workplace mental health issues include EAPs, cognitive behavioral therapy, mindfulness programs, and peer-support approaches when they form part of an overall organizational strategy (Pandya et al., 2022; Sarkar et al., 2024; Ong et al., 2022; Lamontagne

et al., 2016). It is apparent that individual-based coping strategies without organizational intervention will not have much success (Rugulies et al., 2023; Ouellette et al., 2020). There are some emerging trends in jurisprudence in India, where the employers are now being made responsible for any mental health damage caused due to their working conditions, including suicides (Aich et al., 2024). There are some upcoming areas in legislation, such as legislating the right to disconnect, regulating the digital workplace, and protecting against mental health risks in remote working environments (Fiata, 2023; Stojković-Zlatanović & Sjeničić, 2024; Matisāne et al., 2021). Internationally, the introduction of National Policy Indices to measure the degree of commitment to legislation concerning psychological wellbeing at work has gained considerable traction (Potter et al., 2024; Leka et al., 2011; Lippel et al., 2011).

5. Social Determinants, Equity, and Vulnerable Groups

The present literature review also highlights the link between mental health and other social determinants, including gender, migration, disabilities, ageism, and socio-economic status. Migrant domestic workers, female workers, LGBTQ workers, and workers in the informal sector face increased vulnerability due to institutional discrimination and the absence of regulations tailored to their situation (Spitzer et al., 2023; Parella et al., 2024; Tebbe et al., 2019; Hori & Komorida, 2025; Shippee et al., 2019; Boulet et al., 2023). Furthermore, Yoganandham (2025) emphasizes the importance of adopting a human rights approach to mental health equity by highlighting dignity and economic justice in work-based mental health policy. Meanwhile, Patel (2024) and Kirkbride et al. (2024) compile evidence on the social determinants of mental illness, demonstrating that structural factors contribute to deteriorating psychological conditions for disadvantaged individuals. Overall, these studies show that an appropriate legal framework should address the issue of discrimination, ensure equitable policy enforcement, and provide protective measures for at-risk worker groups (Bell, 2016; Brohan et al., 2010; Azmi et al., 2021; Mellifont, 2019).

4. RESEARCH GAP

Although the exiting literature has discussed workplace stress, mental health challenges, and organizational well-being, the legal perspective on employees' mental health rights in India remains significantly underexplored. Most studies give attention on psychological, organizational, or health-related aspects, while limited studies examine how the Indian Labor laws framework, constitutional provisions, and workplace rules and regulations actually protect employees from psychological injuries. The literature review clearly highlights various crucial

gaps that justify the urgent need for this research.

Firstly, Indian Labor Laws do not effectively treat employees' mental health as a protected workplace right: mental health in the Indian workplace: Yadav (2021) indicates that Indian labor laws primarily focus on physical safety, and psychological injuries at work such as stress, workload pressures, bullying etc., are merely not recognize as legal obligations on employers. Khan (2025) gives the same insights, pointing out that while right to health (mental health includes) is an integral part of right to life under Article 21 of the Indian Constitution but no statute converts this into concrete recognition of mental health rights for employees. Garg (2025) supplements that both the Rights of Persons with Disabilities Act 2016 and Mental Healthcare Act, 2017 deal with mental health only in disability or clinical terms and states nothing about what are the employer's duty to prevent the psychological harm at the workplace. Further, Kulkarni (2025) notices that Occupational Safety, Health and Working Conditions Code, 2020 and the Employees' Compensation Act 1923 are created merely closely to physical health injury and provides no clear way for an employee who faces work related psychological harm.

As a result, the Current legal provisions stay fragmented and inconsistent to address employees' mental health for example PwD Act 2016 is too narrow in scope as it applies only to disability-based conditions (due to mental illness). The Occupational Safety, Health and Working Conditions Code 2020 is too expansive in scope as it focuses workplace health generally but ignoring direct mental health standards, so these laws leave grey areas. Mild and moderate (burnout, stress, PTSD, and anxiety) disorders fall through the cracks which means it is not covered by this legal framework. Hence labor laws are fragmented because it focuses on physical injury, failing to protect mental health issues at workplace. And such gaps can be seen in various literature showing a neglected topic in legal research.

Secondly, the few empirical studies which focused on rights, legal awareness and perception among employees do not clearly acknowledges the issue of legal awareness and perceptions of rights. It is shown that there are lack of awareness, stigma, and fear of losing their jobs are considered the main reasons that prevent Indian employees from disclosing mental illnesses in the workplace (Poddar and Chhajer, 2024). Although, such research did not explore the extent to which the lack of legal rights is one of the causes of such silence. Sarkar et al. (2024) suggested for robust legal and organizational framework but did not study whether employees what rights they currently have. This shows a meaningful gap in the literature that there is no

empirical, rights-based legal study that captures employees lived experiences in relation to legal protection, grievance mechanisms, and enforcement of workplace mental health rights.

Thirdly, absence of comparative legal analysis of Indian workplace mental health legal frameworks with other countries laws: The existing reviewed studies shows that laws of other countries provide more structured and enforceable workplace mental health safety than India, but a comprehensive comparative legal analysis specifically focused on employer obligations, preventive duty structures, and compensation mechanisms across select jurisdictions remains mostly missed. According to Gowda (2021) US and UK laws are best to suggest directions for Indian reform but does not undertake a systematic legal comparative analysis. This creates a gap in understanding how global best practices can provide the development of a more structured and effective legal framework for worthless mental Health Protection in India.

Collectively, these gaps underlines that the mental health of employees as a workplace right has not adequately analyzed in the legal field nor has it offered actionable guidelines on employer accountability, statutory responsibilities, or enforceable safety. Hence, a rights-based legal analysis of employees' mental health in Indian workplaces is not only timely but indispensable, making this research both relevant and significantly underexplored.

5. RESEARCH QUESTIONS

RQ1- To what extent do existing Indian labor laws and mental health legislations recognize and protect the mental health rights of employees at the workplace?

RQ2- Are employees aware of mental health-related legal protections, and do existing grievance mechanisms and organizational support systems enable them to report and address workplace mental health issues effectively?

RQ3- How do selected foreign jurisdictions address workplace mental health through legal and regulatory frameworks, and what best practices can be adopted in the Indian context?

RQ4-What legal and policy reforms are necessary to establish a comprehensive and enforceable framework for workplace mental health protection in India.

6. RESEARCH OBJECTIVE

To fulfill the research gap found through the intensive literature of two phases and answer the research questions, the study proposed the following research objectives:

RO1- To critically assess the extent to which Indian labour laws and mental health legislations recognize, protect, and defines the mental health rights of employees.

RO2- To examine employees' awareness of mental health-related legal protections, the availability of grievance mechanisms, and the extent to which organisational support systems enable them to address workplace mental health issues.

RO3-To undertake a comparative analysis of workplace mental health laws and regulatory frameworks of different other countries in order to draw lessons relevant for India.

RO4-To suggest legal and organizational reforms for creating an explicit and efficient legal framework for the protection of employees'' mental health in Indian workplaces.

7. HYPOTHESIS

The study proposed to test the following hypothesis:
H1- "Current Indian labor laws and mental health legislations do not provide explicit, extensive, or enforceable protection for employees' mental health at the workplace".

H2- "Limited awareness of legal protections, along with weak grievance mechanisms and organizational support, reduces employees' likelihood of reporting or addressing workplace mental health issues".

H3- "Jurisdictions such as the United Kingdom, Australia, and Japan adopt more structured and workplace-specific legal approaches to mental health protection than India".

8. RESEARCH METHODOLOGY

The present study adopts doctrinal and empirical methods of research.

8.1. Doctrinal Component: The doctrinal part relies on descriptive and comparative methods to examine the legal framework governing workplace mental health in India. It involves

analysing constitutional provisions, statutes, rules, policies, case laws, and international standards. The comparative element evaluates how countries such as the United Kingdom, Australia, and Japan recognise psychological hazards at work and impose employer responsibilities for mental well-being, and how these approaches differ from Indian laws.

The primary sources of non-empirical data include legislation, government reports, policy documents, judicial decisions, international conventions (ILO, WHO, UNCRPD) and academic literature on workplace mental health, occupational safety, and Labor rights. Secondary sources include books, journal articles, empirical studies, and organisational reports dealing with stress, burnout, harassment and psychological safety at work. The objective is to find out legal gaps in India's legal protections and comprehend the extent to which international strategies can inform Indian reforms.

8.2. Empirical Component: For the empirical part, the study will adopt quantitative approach within the selected population.

8.2.1. Population: the target group consists employees in India aged between 25-45 years derived from employment-based sectors. The study is geographically restricted to urban areas.

8.2.2. Sampling Technique: the present study will adopt non-probability sampling approach. Further the study will use convenience snowball sampling for data collection from selected samples.

8.2.3. Sample Size: the sample size will be determined using Cochran formula on the basis of infinite population.

8.2.4. Data Collection Method: the data collection method for the study will be: Questionnaire via google form.

8.2.5. Tools for Data Analysis: SPSS /MS Excel.

9. SCOPE OF THE STUDY

The scope of this study is restricted to examining and analysing how workplace situations and current laws in India shape the mental health rights of employees. The research focuses specifically on issues such as stress, anxiety, burnout, harassment, and psychological harm that arise from work-related factors, rather than medical diagnosis or clinical treatment of mental illness. The study analyses the relevant Indian legal framework including the Constitution, the

Mental Healthcare Act 2017, the Rights of Persons with Disabilities Act 2016, and the Occupational Safety, Health and Working Conditions Code 2020 and evaluates how far these laws address mental health concerns in employment. The empirical component is confined to working professionals in the age group of 25-45 years. who constitute the dominant segment of the formal workforce, with the aim of understanding employees lived experiences such as stigma around disclosure, and the practical implementation of workplace mental health legal protections. For a broader perspective, the study also looks at international guidelines and the laws of countries such as the UK, Australia, and Japan, but only to draw comparative insights that may be useful for India. Overall, the study maintains a focused boundary by concentrating on workplace mental health rights, legal gaps, employer responsibilities, and employees' experiences within the Indian context. The study also examines the extent to which employer responsibilities and accountability mechanisms are reflected within existing laws and workplace practices.

10.TENTATIVE CHAPTERISATION

Chapter I: Introduction:

Chapter II: Conceptual Framework and International Normative Standards on Workplace Mental Health

Chapter III Mental Health Laws under the India Legal Framework

Chapter IV: An Empirical Study of Workplace Mental Health Conditions and Legal Awareness Among Indian Employees

Chapter V: Comparative Legal Analysis of Workplace Mental Health Frameworks-United Kingdom, Australia, and Japan

Chapter VI: Findings, Recommendations and Legal Reforms

11.POTENTIAL OUTCOME

The research will contribute to fill the legal loopholes with strong recommendations and reforms. It seeks to provide a legal and policy framework for the recognition, safety and enforcement of employees' mental health rights. The expected outcome will be developed at the stage of final analysis upon completion of this research.

ANNEXURE-A

S.NO	Proposed Work	Tentative Date
2.	Thesis Proposal Defence	February 2026
3.	Questionnaire Designing	May 2026
4.	Collect Empirical Data	June-July 2026
4.	Chapter 1 & 2	August-October 2026
5.	Chapter 3	November 2026
6.	Chapter 4	December 2026
7.	Chapter 5	January – Feb 2027
8.	Chapter 6	April -May 2027
9.	Pre Ph.D. seminar	September 2027
10	Publications & Conferences	January 2026- October 2027
11	Thesis Submission	September 2027

ANNEXURE- B

Title	Author & Year	Journal	Abstract	Objective	Conclusion	Research Gap
"Legal recognition & protection of Mental Health Rights Of employees in India: a Labor Law Perspective"	Yana Yadav & 2021	IJLLR	The paper examines Indian Labor laws and constitutional provisions related to employees'' mental health rights, highlighting a focus on physical safety over psychological well-being. Enforcement is Bad, Fear of Judgment is High, protection is less and inadequate, despite having legislation like Mental Healthcare Act 2017. Requirement a direct Legislation and Policies for mental health in the workplace is shown by examples from other countries	To examine How Indian laws provide legal Safety And recognizes employees' mental health rights at the work, including policies, court judgements and to find out the difficulties that employees face in order to exercise their Rights.	India's Existing Laws for Workplace mental health are inadequate and not enforced. Changes are Required to concentrates on mental health rights, including employers' duties and removal of stigma through Awareness. Other countries law such US and UK can help India To Create Inclusive Mental health protection for Employees.	Indian Labour Legislation Does Not talk about mental health rights of employees, treating mainly physical safety. Stigma, Lack of employer Obligations. India Lacks behind countries with explicit, enforceable mental health workplace laws, highlighting gaps needing Legislative reform and cultural Change.
"Requirement for Mental Health Reformations under the Indian Labor Laws"	Nina Michelle J Aadya Gowda & 2021	IJLLR	The Paper emphasizes the Importance of Mental Health for Employees as it directly impacts their productivity and well-being. It shows that Indian Labor Legislation gives more importance to physical health and lacks the Provisions form Mental Health. The Study examined that Current Labour Laws of India Compares them with international countries laws, and calls for Change add mental health rights into Labour Laws.	To analyse the Present Indian Labour laws & mental health laws. To assess their Efficacy in securing employees' mental health rights, and shows the need for changes. The study also tells that other Countries Laws are better and recommends rules and regulation to acknowledge mental health problems at Workplaces in India.	Existing Indian Labor Laws are Fragmented in the terms of employees' Mental Health Safety. It is Clearly showing that there is a Need of precise mental health Legislation under Labor laws, including mandatory Counselling services, mental health Awareness programs, mental health leave, and a supportive workplace environment to Reduce stigma and promote well-being.	Indian Labor laws lack the Direct focus on mental health Problems suffered by employees', especially concerning emerging mental injury. There are no Clear Legal directives for Employer Responsibilities and also Lack of Awareness relating to mental health of employees in the workplace. The Research Gap also shows the Absence of direct policy MIt highlights that physical health safety is largely covered by existing labour laws, while extensive legislative safeguards for mental health are

						lackingeasures in reformed Labor codes like OSH Code 2020 and poor combination of mental health with occupational safety. On the other hand, other countries laws, outlines how India can improve protections through legislative reforms.
"Ensuring Equity in Mental Health-A Human Rights-Based Approach to Inclusion, Workplace Dignity, and Economic Justice: An Empirical Assessment"	Dr. G. Yogandham & 2025	Science, Technology and Development	The paper argues that mental health equity is a fundamental human right, emphasizing the need for inclusive workplaces and economic justice. It advocates for integrating mental health into policy frameworks, protecting employees'' dignity, and combating stigma to promote well-being and productivity	To propose a human rights-based strategy for mental health inclusion in workplace and economic policies, analyse legal gaps, and recommend reforms for equitable, stigma-free environments using qualitative and statistical data	Mental health protections in workplaces remain inadequate, calling for stronger legal safeguards, anti-discrimination measures, inclusive organizational policies, and accessible care. The research promotes consolidation between state, employers, and communities to support mental health equity and dignity for all workers or employees.	Existing legal framework, policies fragmentally consolidate mental health with employees' rights and economic justice. Major hindrances include fear of judgment, a lack of clear employer duties, legal loopholes, and limited access for marginalized groups. There is an need of precise law and global best practices to address these gaps.
"Legal Framework for Mental Health in Indian Workplaces: Rights and Responsibilities "	Zia Khan & 2021	IJLLR	The study critically examines legislations regulate mental health safety in Indian workplaces. It highlights that Physical Health Safety is largely covered by existing Labour Laws, while, Leaving Gaps in mental health protection for employees' cause other legislation constitutional provisions cover mental health indirectly extensive legislative safeguards for mental health are lacking.	To assess Statutory Developments, constitutional provisions and policies regulating workplace mental health of employees in India Showing shortage and Suggesting extensive Legal Reforms, including directive for employer responsibility or duty, non-discrimination, and reasonable accommodation.	Existing laws for mental health at Work are not properly Enforced. Even though with the Constitutional Recognition through Article 21 and judicial pronouncement, employer responsibilities or obligation remain vague, and practical implementation is unclear. The study aids the Legal reform & Compulsory Employees Assistance Programs (EAPs) to ensure safe, inclusive, and supportive workplace environment.	It highlights that there are no Clear legal Protection of Psychological safety and absence of mental Health leaves, enforcement is weak, and no practical workplace policies and legal awareness programs are not widespread. The lack of binding norms and proper enforcement perpetuates stigma and leaves employees' vulnerable to stress-related harm

"Mental Health Workplace Laws"	Chaitanya Raj Garg & 2025	IJLSSS	The article analyses the inadequate protection for workers' mental health in India despite constitutional guarantees, new Labor codes, and the Mental Healthcare Act, 2017. It highlights that existing legal framework focuses only on physical health and safety leaving employees' vulnerable to excessive stress, burnout, and poor mental well-being. In contrast with the other countries like Australia and the EU shows that there is urgent need for robust legal reforms in India	To carefully analyse constitutional and statutory framework of India for workplace mental health laws, find out legal gaps, and compare cope with and international framework to recommend improved safety for employees'' mental well-being.	Indian Labor laws and the Mental Healthcare Act, 2017 fail to place specific obligations on employers to regulate workplace stress and mental well-being. The paper calls out for equal responsibility among government, employers' obligation, and suggests adopting WHO frameworks and international best practices to fill the gap between economic growth and workforce mental health	Indian legal framework gives importance entirely on physical health risks, not psychological hazards like work stress, long working hours and burnout. No direct legal directives lie for employers to prevent or acknowledge workplace mental issues. Global laws such as Australia, EU, ILO conventions are more comprehensive and direct employer responsibility. India's legal and regulatory lag, poor enforcement, and lack of training are significant and "real" research gaps needing urgent attention and reform
"Transformative Justice: Mental Health and Human Rights at the Workplace"	Utkarsh Mishra, Anurag Sharma & 2022	International Journal of Mechanical Engineering	The article discusses the critical role of mental health and human rights in the workplace, emphasizing how work culture and environmental factors affect employees'' mental well-being. It introduces "transformative justice" as a framework for addressing workplace conflicts and mental health issues through non-violent, cooperative conflict resolution and healing, contrasting with traditional punitive approaches	To analyse the legal frameworks of India and the UK concerning mental health and human rights at work, examine relevant case laws, and argue for adopting transformative justice approaches to enhance mental health protections and dignity at workplaces.	Legal protections for mental health at workplaces remain inadequate and fragmented, but transformative justice and alternative dispute resolutions offer promising paths. The article highlights key court cases supporting mental health rights, argues for improved legislation and workplace policies, and stresses that safeguarding mental health is a societal justice issue critical for economic and social progress.	Lack of comprehensive and enforceable mental health laws at workplaces in India. Deficiency in organizational policies adopting transformative justice or alternative dispute mechanisms. Inadequate recognition of mental health as a human right in work environments. Inadequate unification of mental health protection with existing Labor laws. Shortage of empirical research on the effectiveness of revolutionary justice in workplace mental health cases.
"Work-Related Stress and Mental Health: The Labour Rights Under Constitution of India."	V Manoj Prabahar & 2024	Indian Journal of Integrated Research in Law.	The study shows work-related stress as one of the major and growing issue which is affecting the physical and mental health of employees' in India and decreased productivity. Most of the employees' and workers are not aware of their	To identify factors causing work stress, evaluate its impact on worker health and organizational productivity, analyse constitutional and statutory protections (including Articles 21, 39, 41, 42, and	The right to mental health (stress-free work) is part of the right to life under Article 21 of Indian constitution and various Directive Principles in the Indian Constitution. But there is no	Poor laws for employees beyond the Mental Healthcare Act 2017. Shortage of regulation and rules for mental health protections in both formal and informal sectors. Insufficient

			stress, and management often overshadow its impact on productivity and well-being. The objective of this study is to find out causes and effects of stress, burnout and tell the role of organizations in stress management.	43), and clarify the right and duty to a stress-free work environment.	extensive law against inadequate mental health protections at work. Upgraded collaboration between government, and international guidelines is necessary for advancing mental health rights of employees' and acknowledge workplace stress.	implementation and tracking of mental health rights and workplace situation. Few empirical research on between work stress and organizational productivity in Indian industries. No broad legal tool for stress management at work.
Breaking "Barriers: Advancing Mental Health Rights through National and International Laws"	Nilotpal Chatterjee & 2023	Social Science Research Network	The paper reviews the human rights dimension of mental health, emphasizing that mental health rights are part of fundamental human rights but are often inadequately recognized in law and practice globally and in India. The study aims to evaluate various Indian laws such as the MHA 2017, Persons with Disabilities Act 2016, and international Conventions or treaties such as the UNCRPD. At the end, the study also pay attention on the gender biasness, a fear of judgment, and finally gaps in implementation or Enforcement which supposed to degrade the dignity and well-being of an individual/employee with mental health conditions.	To Assess the strength and limitations of International & National laws protecting mental health rights, this research paper tried to investigate the various issues that occur during enforcement, implementation, recommend and consolidation with international measures, boost resources, tracking, and stakeholder education.	The study recommends that improving Mental Health Rights refers supervising at the full picture and giving every individual an equal respect and dignity. For this, the study suggest requirement of coherent and strong Legislation so that to create mental health provisions that are not only easy to exercise but also reducing fear of judgement among the individuals and any type of discrimination. The study highlights that Mental healthcare act 2017 is a one of the major step taken for Mental Health rights of the people, but also shows that it's a rights-based approach which talks about patient rights, still needs better implementation, accountability and must connects with basic rights like education, work and living situations.	Substantial Research Gaps in enforcement, Implementation and awareness of mental health rights laws. Bad Resources & infrastructure for mental health care access. Lack Participation of stakeholders & education participation of stakeholders including affected persons. Need for Arrangement with International human rights frameworks and conventions. Hindrances due to Stigma, Fear of Judgement cultural attitudes, and systemic discrimination persist, demanding exhaustive reforms or changes and advocacy.
"Hiding but hoping to be	Mukta Kulkar	Equality, Diversity	The article investigates the dilemmas faced by	To analyse the lived experiences and	Non-disclosure of hidden mental	Current workplace policies in India rarely

Found: Workplace Disclosure Dilemmas of Individuals with Hidden Disabilities"	ni & 2021	and Inclusion: An International Journal	Indian employees with hidden mental health conditions (e.g., anxiety, depression) who choose not to disclose their condition at work due to fear of stigma and career harm. It explores how organizational culture, lack of formal support, and social context drive non-disclosure, eroding authenticity, participation, and advocacy	cognitive processes behind workplace non-disclosure of hidden mental health conditions, highlighting the impact of organizational culture, social stigma, and lack of policies on identity management and well-being.	health conditions leads to loss of authenticity, lower participation, reduced productivity, and isolation. The article calls for organizations to provide dedicated counselling resources, training for HR and managers, flexible and selective disclosure options, and to cultivate informal support networks, fostering a safe and stigma-free environment	address hidden disabilities or encourage disclosure, and there is little research on how employees manage these conditions at work. The lack of explicit legal protection, supportive HR policies, and organizational training perpetuates fear and self-policing, demonstrating a real and urgent gap in both practice and scholarship needing further empirical and policy attention.
"Employer Liability and Employees Suicide: Keeping Workplace Wellness in Check"	Debjani Aich, Ruchi Goel, Varsha D Sinchana & 2024	Indus Law	The article discusses the increasing concern over workplace-related suicides in India, considering legal liability of employers for employee's suicides. It examines or analyses Supreme Court rulings (including Nipun Aneja v State of UP, Oct 2024), with legal tests for employer criminal liability, and shows the direct link between workplace stress, harassment, toxic work environments, and tragic outcomes.	To review the legal frameworks and structural responsibilities related to prevention of suicides due to workplace stress, explain liability principles under Indian law, and offer strategies for employers to address mental health risks and lower legal exposure.	Indian employers may face serious criminal liability for abetment to suicide if acts of harassment, humiliation, or workplace negligence are proven proximate to the employees' suicide. This study suggests an active organizational culture: introducing EAS, clear grievance redressal mechanism, mental well-being leave, regular feedback, "no-questions-asked" leave, and the right to disconnect from work all crucial or mandatory for employee's wellness and risk reduction.	Indian legal framework is growing but lacks precise statutory guidance on employer duties for preventing mental health harm and suicides. Policies such as "right to disconnect," mental health stress leaves, confidential things, and enforcement mechanisms are either absent or voluntary. There remains poor integration of suicide prevention into workplace mental health policies, minimal mandatory support systems, limited grievance redressal awareness, and no binding legal framework for psychological safety making this a real and urgent area for research and legal reform
"An Investigation of the Impact of Occupational Stress on Mental Health of Remote Working Women IT Professionals in	Subha B. Madhusudhanan, R. Ajai Abraham Thoma	Journal of International Women's Studies	This study explores the impact of occupational stress on the mental health of women IT professionals working remotely during COVID-19 in urban Bangalore. It recognizes 5 major workplace stress factors such as workload, job	To identify workplace stress factors among hybrid working women, IT professionals and also examine how these stressors influence their mental health.	The paper sum ups that enhanced workplace stress substantially affects the mental health of remote working women IT professionals. It suggests employer or organizational	The paper clearly shows a vacuum in comprehending the definite workplace stressors affecting women in remote IT in India, specifically at the time of COVID-19 pandemic. It says that a for gender equality

Urban Bangalore, India"	s & 2021		insecurity, poor work environment, personal life problems, and poor structure that negatively affect mental health.		support, including workload management, counselling mechanism, and acknowledgment of women's contributions to reduce these stress impacts.	policies, mental health support to remote work challenges, and increased employer, duties, awareness and intervention.
"Workplace Stress: A Neglected Aspect of Mental Health Wellbeing."	Pallab K. Maulik & 2017	Indian Journal of Medical Research	The article highlights workplace stress as a major but often overlooked factor affecting mental health and productivity. It discusses how poor work organization, management, and conditions can cause stress, leading to mental disorders and physical ailments like hypertension and diabetes. Despite international laws protecting employees'' rights, implementation and awareness in India remain limited.	To emphasize the significance of workplace stress on mental health, discuss causes and consequences, outline international guidelines to manage stress, and call for evidence-based organizational policies and government regulation to improve mental well-being at work.	Workplace stress significantly affects employees'' mental health and productivity but remains poorly addressed and often stigmatized. Comprehensive, multi-stakeholder policies—covering prevention, awareness, safe work environments, grievance mechanisms, and legal enforcement—are urgently needed. Stakeholders must actively participate to ensure workplaces become healthier and more supportive.	Limited research on prevalence and sector-specific workplace mental disorders in India. Poor implementation and evaluation of workplace mental health policies. Lack of organizational restructuring to address workplace stress. Insufficient government role in monitoring and enforcing mental health protections. Need for evidence on cost-effective interventions targeting workplace stress and associated mental disorders. Gaps in stigma reduction and mental health care seeking among employees'
"Detection and disclosure of workplace mental health challenges: an exploratory study from India"	Ankur Poddar , Raina Chhaje r & 2024	BMC Public Health	The study explores mental health challenges in Indian workplaces post-pandemic, focusing on detection and disclosure of such challenges. It highlights barriers like stigma, low awareness, denial, and fear of discrimination that inhibit disclosure and seeking help among employees. The study identifies organizational and individual factors influencing disclosure, emphasizing the importance of supportive practices and psychological safety.	To understand perceptions of HR professionals, counsellors, and employees about mental health challenge detection and disclosure in Indian workplaces and identify pathways to improve help-seeking behaviours	Three critical pathways to address workplace mental health issues were identified: minimizing inhibitory factors (stigma, lack of awareness), maximizing encouraging factors (psychological safety, social support), and implementing supportive organizational practices (awareness programs, manager training, leadership advocacy). Creating a culture of	Limited prior research on workplace mental health detection and disclosure in the Indian context. Significant socio-cultural stigma and organizational barriers persist. Insufficient mental health literacy among employees' and managers. Lack of widespread mental health policies and support programs in Indian workplaces. Need for further empirical studies to examine long-term impacts of organizational practices on mental health.

					openness and support is essential to improve mental health outcomes and organizational resilience.	
"Work-related causes of mental health conditions and interventions for their improvement in workplaces"	Reiner Rugulies, Birgit Aust, Birgit A. Greiner & 2023	The Lancet Psychiatry	This article provides a comprehensive overview of the current state of knowledge on how work conditions influence the development of mental disorders, mainly focusing on depression. It evaluates evidence from prospective cohort studies connecting hostile occupational factors causes mental health problems and talks about the efficacy of occupational interventions to protect and promote mental health.	To integrate current reviews and meta-analyses on the relationship between occupational conditions or situation and mental issues, review intervention techniques, and give guidance for future research, policy, and practice to improve workplace mental health.	Bad working situations or conditions such as too much workload pressure, zero control over work, bullying and fear of job loss cand directly hamper mental health of employees and amplifies the risk of depression. So, to tackle with these problems, working organizations should focus on 3 things; first is preventing damage, promoting good mental health and correctly supporting employees. The paper also shows that extra research is required on how workplace interventions. Indian institutions have started to be introduced mental health initiatives but these are primarily focusing on physical safety and counselling. In contrast limited program clearly promote mental health. Additionally, there are few evidences hoe these initiatives act in practice and how efficient they are.	Evidence shows that high income nations prevails and from low- and middle-income nations, especially India, is required. Inadequate frameworks connecting definite occupational stressors to mental health issues. Few longitudinal and experimental evidence or research on occupational interventions, specifically organizational level changes. Urgent need for policy or frameworks tailored to diverse cultural contexts.
"Mental Health and Wellbeing at the Workplace"	Siddharth Sarkar, Vikas Menon, Susanta	Indian Journal of Psychiatry,	This article addresses the mental health challenges faced by Indian workers across various sectors, highlighting the high prevalence of depression, anxiety, stress, and burnout due to workplace	To suggest practice guidelines for evaluating and controlling workplace mental health issues in India, provide effective multilevel	A versatile method including person coping strategies, training, organizational reforms, and policies changes is crucial for	Limited research on mental health in informal workforce and agrarian sectors. Poor implementation of mental health guidelines in workplace settings.

	Padhy, Preethy Kathiresan & 2024		factors. It underlines the effect of bad mental health on productivity and general employee's health. The study examines techniques for analysis, talks about interventions, and focused the importance of workplace mental health within India's diverse organizations	interventions and promote effective strategies to enhance workforce mental health and productivity.	upgrading workplace mental health rights of employees. Intercession like cognitive-behavioural therapy, physical activity, and EAP show efficacy. Law and organizational frameworks need improvements to protect mental health in both formal and informal sectors.	Need for culturally tailored and scalable mental health interventions in Indian workplaces. Insufficient data on long-term effectiveness of workplace mental health programs in India. Challenges in balancing economic demands and employees wellbeing in diverse and evolving workplaces.
"Workplace Mental Health Interventions in India: A Rapid Systematic Scoping Review"	Apurvakumar Pandya, Niharika Khanal, Mudita Upadhyaya & 2022	Frontiers in Public Health	The article reviews workplace mental health interventions across India, highlighting the rise of mental health concerns among employees', particularly stress, depression, and anxiety. The study tires to give gives Intervention among Wellness of the organisations, various policies, EAPs, health welfare, and group support. Though the Study finds out few evaluations but it also point out some positive outcomes in terms of the employee's wellbeing & productivity, wherever programs exist.	To objective of the study is to identify the current mental health intervention that exists at Indian Workplaces and to study their different characteristics, and highlight the relevant gaps in in evaluation and policy integration of the same.	The findings shows that the Indian Organizations have started establishing the various Mental health plans. These plans mainly focus on counselling and physical health safety, with less programs directly acknowledging mental health promotion. The suggested effective Changes includes education on Mental health importance, stigma reduction, stress management, and finally group support as well. At the end, it has been recommended that exhaustive, evidence-based, and culturally sensitive Workplace Mental health Guidelines are in the urgent need so that the psychological issues faced by employees can be resolved.	The study still not able to encounter some of the problems and still remain research gap for the future study. Firstly, there is still a lack of exhaustive Assessments and Impact evaluations for workplace Mental health Programs. The study did not talk about the Limited mental health promotion which is another important aspect in the study context. Underdeveloped workplace mental health policies and lack of organizational commitment in many sectors. Need for cost-effectiveness and risk factor research in the Indian context.
"Psychological Safety and Mental Health In The Workplace: Legal Protections And Compensation For	Anuprita Kulkarni & 2025	Legal Service India	The article highlights that while Indian workplace safety laws focus mainly on physical hazards, mental health and psychological safety remain overlooked areas. It reviews the Scope of legislation like the OSHW	To Crucially examines the current Laws relating to mental health safety and mental health rights in Indian workplaces, including protections and compensation	Existing legal framework insufficiently acknowledges mental health harm, and compensation for it, at workplaces is hard due to inadequately legal	Shortage of direct Legal Recognition of Mental health safety & mental health rights within workplace safety laws. Compensation Laws mainly focus on Physical health harm, with vague provisions

Psychological Injuries"			CODE 2020, and Employees' Compensation Act 1923, which Majorly acknowledge physical health harm, withdrawing mental health harm like stress, anxiety, and burnout inadequately Protected.	mechanisms for psychological injuries, and to explore potential reforms informed by International best Practices.	protection, problems in proving causation, and stigma. The Article supports for legal Reforms to collaborate Mental health safety directly, compulsory mental health Awareness and prevention strategies, and state compensation rules for mental health injuries learning from countries like the UK and Australia.	for mental health harm. No Employer Obligations & awareness regarding mental health risks. Need for Exhaustive Legal Statutory reforms including mental health training and compensation procedures.
"A Review of Occupational Mental Health Status in India"	Vyom Saxena & 2024	Online Journal of Health and Allied Sciences	This article reviews the occupational mental health landscape in India, highlighting the growing prevalence of mental health issues such as stress, anxiety, and burnout due to rapid economic growth, technological change, and changing work dynamics. Its talks about the necessary Factors like workload pressure, long working hours, job insecurity, work-life balance issues, gender bias, and stigma. The Paper Highlights the improper protection of Intervention and the lack of mental health rights focus in unorganized and government sectors.	To combine existing academic work on Workplace Mental health in "India", identifies necessary Factors and mental health issues in many areas, assess current existing intervention, and suggest exhaustive techniques including policymakers, employer's duties, and healthcare providers to foster mental well-being at work.	Employees' workplace mental health rights or challenges in India remains a grave topic fuelled by multiple Socio-Economic & cultural factors. Stigma, Fear of judgement and lack of any type of support create Barrier for many affected employees' from asking Help. The Study recommends for Stakeholder efforts, customized Intervention delicate to Indian institution, Government rules and regulations highlighting mental health, and widespread awareness campaigns.	Limited policies applications in government and public sector workplaces. Urgent requirement of culturally suited, easy to access mental health programs across areas. Limited research on long-term effectiveness of workplace mental health initiatives in India. scarcity of exhaustive of labour laws reform directly acknowledging mental health rights and safety
"The Legal Regulation of Psychological Hazards at Work: The Hypothesis regarding the Benefits of the Mental Health Approach Compared to the	Takenori Mishiba	Journal of Work Health Safety Regulation (Japan Association of Occupational Health	The paper examines how workplace mental health can be regulated through law by comparing two approaches: the mental health approach and the psychosocial risk (PSR) approach. It argues that while many countries focus on identifying and controlling psychosocial	To compare mental health approach vs PSR approach To analyse how laws regulate psychological hazards at work To examine Japan's legal framework as a model	Both approaches aim to improve workplace mental health PSR approach treats mental health as a risk to be controlled Mental health approach focuses on human factors, HRM, and	Lack of empirical evidence proving effectiveness of either approach Limited studies comparing legal frameworks across countries Over-reliance on risk-based models (PSR)

Psychosocial Risk (PSR) Approach"		Law)/2024	risks like stress and workload, this approach is limited. Instead, the mental health approach considers broader factors such as workplace culture, individual differences, and organizational practices. The study suggests that mental health regulation should go beyond risk prevention and include human resource management, employee well-being, and organizational compatibility.	To assess which approach is more effective for workplace mental health	organizational compatibility No strong evidence exists that either approach alone is fully effective A combined, flexible, and context-based approach is needed Legal regulation alone is not enough—organizational practices and stakeholder cooperation are essential	Insufficient focus on individual and organizational compatibility Need for integrated legal + HR + policy approach
"Mental Health at the Workplace: Rights of Employees"	Muskan Yadav & 2025	Journal of Legal Research and Juridical Sciences	The article discusses the growing recognition of mental health as a fundamental right in workplaces. The study further explore the statutory acts such as Mental Healthcare Act 2017 & the Rights of Persons with Disabilities Act 2016, which provides the legal helps for the Employees suffering with mental health problems. However, despite having Legal provisions for the same, Mental health stigma, judgement fear and definitely the lack of implementation of the same in efficient manner hurt workplace mental health rights.	To objective of this article was the examination of the existing Laws helping in saving mental health rights of Employees in different health Indian organizations, to review the gaps occurs in the enforcement of these laws, and finally suggest the important recommendations to reinforce workplace mental health policies and awareness.	The findings of the article show that the Indian Legal Framework provide safety to employees to some extent with mental health issues, stigma, fear of judgement and weak enforcement persist. In the next stage, the study pay attention on how various things such as, employer awareness, Responsibility, mental health-friendly workplace policies, and environment and association of mental health into workplace health and safety guidelines can be improved so that to create a healthy and noble work environment.	In the study conducted by Yadav, the author tried to fulfil some of the efficient enforcements of Mental health laws in workplaces. Further, the article shows lack of clear guidelines for employers on Reasonable accommodation. Also, it has been shown that the fear of judgement & discrimination still exists despite existence of various legislative provisions. At the end, the paper highlight the gap showing that there is an requirement for Comprehensive mental Health policies in workplaces addressing prevention and accommodation. Insufficient research on employees lived experiences concerning mental health rights

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